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CONFIRMATION NO. 6160

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|---|---|---|-------------------------------|--|----------------------------|---------------------------------|
| 09/827,466 | 04/06/2001 RULE | 235 | 2876 | 40146/20601 | | |
| APPLICANTS Frederick Schuessler, Baiting Hollow, NY; Joseph Katz, Stony Brook, NY; Robert Sanders, St. James, NY; Michael Poldino, Centerport, NY; Vincent P. Luciano, Port Jefferson Station, NY; Adam Petrovich, Pittsburgh, PA; Ron Goldman, Cold Spring Harbor, NY; | | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/195,839 04/11/2000 which claims benefit of 60/239,678 10/12/2000 This application 09/827,466 04/06/2001 claims benefit of 60/237,639 10/03/2000 and claims benefit of 60/256,007 12/15/2000 and claims benefit of 60/256,266 12/18/2000 and claims benefit of 60/259,747 01/04/2001 and claims benefit of 60/260,549 01/08/2001 and claims benefit of 60/268,501 02/13/2001 and is a CIP of 09/240,399 01/29/1999 PAT 6,243,447 | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/14/2001 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>JARED FUREMAN/</u> <u>Examiner's Signature</u> | | <input type="checkbox"/> Met after Allowance <u>Initials</u> | STATE OR COUNTRY NY | SHEETS DRAWINGS 5 | TOTAL CLAIMS 132 | INDEPENDENT CLAIMS 12 |
| ADDRESS FAY KAPLUN & MARCIN, LLP 150 BROADWAY, SUITE 702 NEW YORK, NY 10038 UNITED STATES | | | | | | |
| TITLE Method and system for processing and using information | | | | | | |
| FILING FEE RECEIVED 3576 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ | | |

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